

# Notification of Compliance by Non-Participating Manufacturer (NPM) Regarding Escrow Payments

Issued under authority of P.A. 244 of 1999. Filing is mandatory.

## PART 1: TOBACCO PRODUCT MANUFACTURER'S IDENTIFICATION - see instructions on back.

1. Organization Name	2. Contact Person
3. Address (Street, City, State, ZIP Code)	
4. Telephone Number	5. Fax Number

## PART 2: FINANCIAL INFORMATION

Use the chart below to complete lines 7 through 9 (Units Sold x Rate Per Unit = Escrow Amount). Attach a copy of your receipt or other proof of deposit from your financial institution.

Sales Year	*Rate Per Unit Sold (adjusted for inflation)
2000 .....	0.0111506
2001 .....	0.0149306
2002 .....	0.0153785
2003 .....	0.0194952

6. <b>Sales Year.</b> For this Certification only (complete a separate Certification for each year of sales) .....	6.	
7. <b>Units Sold.</b> Number of individual cigarettes including "roll-your own" tobacco (.09 ounces of "roll-your-own" tobacco = one cigarette) bearing Michigan tax stamps sold during the sale year by the Manufacturer identified in Part 1 (see instructions for details) .....	7.	
8. <b>Rate Per Unit</b> from chart above, for the Sales Year listed on line 6 .....	8.	
9. <b>Escrow Amount.</b> Amount paid into the qualified Escrow Account by the Manufacturer identified in Part 1. Multiply line 7 by line 8 .....	9.	\$

## PART 3: FINANCIAL INSTITUTION

10. Name of Financial Institution	
11. Address (Street, City, State, ZIP Code)	
12. Escrow Account Number	13. Total Amount Held in Escrow

## PART 4: SIGNATURE

*I declare under penalty of perjury that the information contained in this Certification and attachments is true and complete to the best of my knowledge. This document must also be signed and dated by an authorized notary public.*

Name of Authorized Agent	Title
Signature of Authorized Agent	Date
State of _____	
City of _____	
County of _____	
Subscribed and sworn to before me this date: _____	
My Commission expires _____	
Signature of Notary _____	

Mail the Certification and deposit receipt to:

Office of Policy and Research  
Michigan Department of Treasury  
430 W. Allegan  
Lansing, MI 48922

[www.michigan.gov/treasury](http://www.michigan.gov/treasury)

For questions, contact (517) 373-9600.

You must complete a Certification  
by **April 15<sup>th</sup>** each year.

# Instructions for Form 3762, Notification of Compliance by Non-Participating Manufacturer (NPM) Regarding Escrow Payments

## PART 1: TOBACCO PRODUCT MANUFACTURER'S IDENTIFICATION

Sec. 1 (l) of Act 244 defines a tobacco product manufacturer as: "...an entity that after the date of enactment of this act directly (and not exclusively through an affiliate) meets 1 or more of the following:

- (i) Manufactures cigarettes anywhere that such manufacturer intends to be sold in the United States, including cigarettes intended to be sold in the United States through an importer (except where such importer is an original participating manufacturer that will be responsible for the payments under the master settlement agreement with respect to such cigarettes as a result of the provisions of subsection II(mm) of the master settlement agreement and that pays the taxes specified in subsection II(z) of the master settlement agreement, and provided that the manufacturer of such cigarettes does not market or advertise such cigarettes in the United States).
- (ii) Is the first purchaser anywhere for resale in the United States of cigarettes manufactured anywhere that the manufacturer does not intend to be sold in the United States.
- (iii) Becomes a successor of an entity described in subparagraph (i) or (ii)."

**Lines 1-5.** Enter your organization's name, contact person, address, telephone and fax numbers.

## PART 2: FINANCIAL INFORMATION

Use the Chart provided to complete this section.

**Line 6: Sales Year.** Enter Sales Year for which you are reporting.

**Line 7: Units Sold.** Calculate units sold using the example below.

Example: For year 2003, reporting sales of 30,000 individual cigarettes and 30 pounds of Roll-Your-Own (RYO) tobacco, calculate as follows:

Individual Cigarettes Sold .....30,000.00  
RYO Tobacco Sold: 30 lbs.  
(.09 ounces of RYO = one cigarette)  
30 lbs. x 16 oz./0.09 ..... 5,333.33  
Total Units Sold .....35,333.33

**Line 8: Rate Per Unit.** Enter rate per unit for sales year reported.

Example: Year 2003 = 0.0194952

**Line 9: Escrow Amount.** Multiply line 7 by Line 8. This amount must be paid into the qualified Escrow Account by the Manufacturer.

Example  
Line 7: Units Sold ..... 35,333.33  
Line 8: Rate Per Unit ..... x 0.0194952  
Line 9: Escrow Amount  
(Multiply Line 7 by Line 8) .....\$688.83

## PART 3: FINANCIAL INSTITUTION

Enter the name and address of the financial institution holding your escrow account, your escrow account number, and the total cumulative amount currently in your escrow account for the benefit of Michigan.

## PART 4: SIGNATURE

An authorized agent must sign and date this certificate of compliance. Signature must be notarized by an authorized notary public.

Mail your completed form by April 15 to the following address:

Office of Policy and Research  
Michigan Department of Treasury  
430 W. Allegan  
Lansing, MI 48922